State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (1305)

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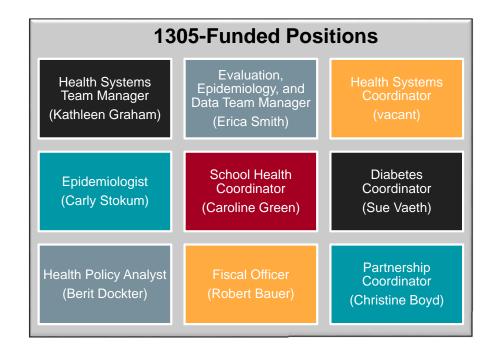
Overview

- 1305 Team
- Approach to Chronic Disease Prevention
- Partnerships, Collaboration and Synergy
- Lessons Learned



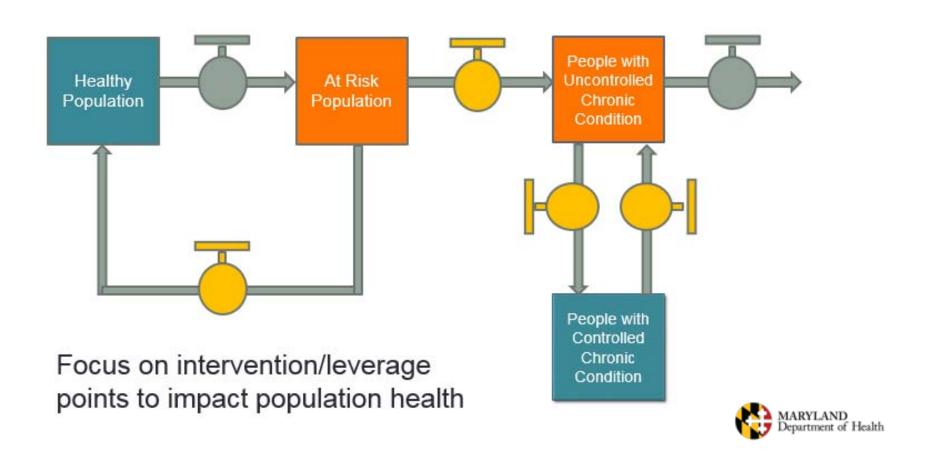
1305 Team Structure

- Center is organized into three teams:
 - Community-Clinical Linkages
 - Health Systems
 - Evaluation, Epidemiology, and Data
- 90% of 1305-funded staff positions require work across two or more categorical programs





Systems Thinking



Partnerships, Collaboration and Synergy

- Align needs, resources, and the systems
- Focus on population-wide change
- Addresses multiple chronic diseases and risk factors
- Allows integrated approaches that bundle strategies and interventions
- Increases ability to reach to high-risk subgroups
- Engages public-private partnerships

Internal Local Health Departments, academia, community based and associations



Local Health Departments

Successes:

- Provide access to:
 - Primary health care providers and health care systems
 - Community-based organizations
 - Business community
 - Community members
 - Schools and childcare providers
- Facilitate procurement
- Established infrastructure
- Local Health Improvement Coalition

Challenges:

- Internal LHD capacity varies
 - Limited staffing
 - Limited resources
- County diversity
- Home-rule in some counties



State Government Partners

• Successes:

- Provide access to schools and parks
- Provide expertise with intervention delivery/ policy implementation
- Expands reach and collaboration with new and on-going initiatives

Challenges:

- Act as gatekeeper to partners
- Programmatic silos
- Competing priorities
- Capacity limitations



Universities

Successes:

- UMB SOM Maryland Wellness Policies and Practices Project (MWPPP)
- UMB SOM (Center for School Mental Health) -School Health Interdisciplinary Program Conference

Challenges:

 Differences in goals (research compared to policies/implementation



Community Based Organizations

Successes:

- Expertise with intervention delivery/ policy implementation and training
- Unique access to providers or patients
- Credibility

Challenges:

- Procurement monetary limits
- Quality Improvement
- Capacity
- Alignment
- Priorities
- Limited resources



CDC's Chronic Disease Prevention System

WHAT WE DO

- · Provide leadership and technical assistance
- Monitor chronic diseases, conditions, and risk factors
- Conduct and translate research and evaluation to enhance prevention
- . Engage in health communication
- · Develop sound public health policies
- · Implement prevention strategies

WHO WE WORK WITH

- · State, tribal, territorial, and local governments
- National, state, and local nongovernmental organizations

WHERE WE DO IT

- Communities
- Workplaces
- Schools and academic institutions
- · Health care settings
- Child care settings
- · Faith organizations
- Homes

HOW WE DO IT → THE FOUR DOMAINS

EPIDEMIOLOGY AND SURVEILLANCE

Provide data and conduct research to guide, prioritize, deliver, and monitor programs and population health

ENVIRONMENTAL APPROACHES

Make healthy behaviors easier and more convenient for more people

HEALTH CARE SYSTEM INTERVENTIONS

Improve delivery and use of quality clinical services to prevent disease, detect diseases early, and manage risk factors

COMMUNITY-CLINICAL LINKS

Ensure that people with or at high risk of chronic diseases have access to quality community resources to best manage their conditions

WHY WE DO IT

- Healthier environments
- Healthier behaviors
- · Greater health equity
- Increased productivity
- Lower health care costs
- Increased life expectancy
- · Improved quality of life

WHAT WE ACHIEVE

- Less tobacco use
- Less obesity
- · Less heart disease and stroke
- Less cancer
- Less diabetes
- Less arthritis
- More physical activity
- Better nutrition
- Better oral health
- · Healthier mothers and babies
- · Healthier kids



Domain	Strategies and Interventions					
Epidemiology and Surveillance	Monitor behaviors and environments					
	 Maryland Behavioral Risk Factor Surveillance System (BRFSS) 1305 surveillance data diabetes module prediabetes module 					



Domain	Strategies and Interventions
Environmental Approaches Domain 2 (DNPAO)	 Reduce sodium in food supply, including prepared foods served in schools, work sites, hospitals Increase access to affordable fruits and vegetables and opportunities for safe physical activity
	 Worksite Wellness Healthiest Maryland Businesses Access to Healthy Foods Farmers Markets Walkable Communities Community Walking Promotion Early Child Care Interventions Baby-Friendly Hospital Initiative Maryland Hospital Breastfeeding Policy Committee Maryland Family Network



Domain	Strategies and Interventions
Environmental Approaches Domain 2 (School Health)	 Reduce sodium in food supply, including prepared foods served in schools, work sites, hospitals Increase access to affordable fruits and vegetables and opportunities for safe physical activity
	 School Interventions Maryland Wellness Policies and Practices Project (MWPPP) School Wellness Projects (5 LHD) Youth Obesity Interventions (SHWP) Comprehensive School Physical Activity Program CSPAP School Health Interdisciplinary Program Conference



Domain	Strategies and Interventions
Health System Interventions	 Increase blood pressure control and diabetes management Strengthen reporting of outcomes Provide feedback and tools to physicians on performance Implement team-based approaches (physicians, pharmacists, nurses, allied health professionals)
	 Controlling hypertension and diabetes through Quality Improvements in Health Systems funding Identifying undiagnosed hypertension in health systems and oral health practices Data warehouse and practice transformation with the Mid-Atlantic Association of Community Health Centers (MACHC) Medicaid MCO Projects Pharmacy MTM

Domain	Strategies and Interventions
Community Programs Linked to Clinical Services	 Provide self-management education and tools in structured lifestyle programs National Diabetes Prevention Program Chronic Disease Self-Management Program Link programs to supportive community environments
	 BeHealthyMaryland COAW MAC Living Well in Maryland QI grants support referrals from health care providers to DSME, CDSMP and DPP Capacity building through technical assistance



Lessons Learned – Financial Management

- 1305's requirement to report and budget on categorical funds separately is time consuming
 - 1305 has 10 different categories/internal accounts
- LHD experience confusion over allowable expenses
 - HMBs



Lessons Learned – Financial Management

			B-HDSP	E-HDSP	B-Dia	E-Dia	B-NPAO	E-NPAO	B-SH	E-SH	
0111	Salaries & Wages	286,207.89	28,874.98	26,457.04	31,000.24	133,746.19	20,747.34	22,603.54	8,608.61	14,169.95	286,207.8
0121	FICA	22,878.18	2,151.82	1,984.57	2,310.02	9,951.04	1,546.10	1,674.80	641.37	2,618.46	22,878.1
0131	Retirement	0.00									0.00
0133	Pension	57,584.52	5,788.75	5,368.93	6,214.82	26,996.37	4,159.28	4,525.89	1,725.66	2,804.81	57,584.5
0139	Defer Comp Match	0.00									0.00
0141	Health Insurance	45,035.59	4,868.64	4,413.84	5,230.46	18,408.62	3,495.77	4,366.13	1,451.29	2,800.83	45,035.59
0142	Retirees Hith Insur	26,390.89	2,853.03	2,586.51	3,065.05	10,787.46	2,048.52	2,558.56	850.46	1,641.30	26,390.89
0143	Retirees Hith Insur Liab	0.00									0.00
0151	Turnover	0.00									0.00
0161	Unemployment Insur	837.42	78.76	72.66	84.55	364.26	56.59	61.31	23.48	95.82	837.42
0162	Workers Comp.	0.00									0.00
0164	SB1 Surcharge	0.00									0.00
0181	Additional Assistance	20,670.93									0.00
0182	Adjustments	2,367.08	307.72	473.42	329.02	710.12	220.14	236.71	89.95	20,670.93	23,038.01
0301	Postage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0304	Cell Phone Charges	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0305	Phones	36.65	4.58	4.58	4.58	4.58	4.58	4.58	4.58	4.58	36.65
0306	DBM Telecom Cost	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0309	CPB Postage Charge	1.12	0.14	0.14	0.14	0.14	0.14	0.14	0.14	0.14	1.12
0405	In-State Travel	49.01	8.69	5.16	9.28	11.92	6.22	0.00	2.55	5.17	49.01
0409	Out-of-State Travel - Non-Conference	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0410	Out-of-State Travel - Regular	3,069.89	544.38	323.42	581.58	746.60	389.92	0.00	160.01	323.98	3,069.89
0415	Training	2,017.20	357.71	212.52	382.15	490.59	256.21	0.00	105.14	212.89	2,017.20



Lessons Learned

- Maryland's changing **health care** environment impacts sustainability
 - Health systems continue to consolidate ownership of local hospitals other health care providers throughout Maryland
 - Maryland's CMS Waiver impacting primary care providers
 - National chain pharmacies displacing independent pharmacies
 - Community based service providers transforming to become small businesses for reimbursement
- Changes in state and federal **education** policies impacts sustainability
 - Less support for policy requirements
 - Competing priorities



Adapting to Different Landscapes

- CCDPC adapting to changes in health care and education landscapes
 - Technical assistance
 - Tailoring to LHD needs
 - Assisting community providers operate as a business
 - Health Care Innovators to address primary care provider sustainability
 - Filling gaps
 - QI expansion to 4 counties
 - Capacity building DSME
 - Building a network
 - Continuing education and skill building



Opportunities from 1305

- Opened door for working in health systems at the local and state level
- Expanded previous school and early childcare work
- Well positioned for other grant programs (1422, 1603, 1609, Alzheimer's)
- Creative programming leading to sustainable internal partnerships (Medicaid, Maternal Child Health)



• Hand off to Erica



Questions?

